

# MAP 2008 TEST BOOK ACCOUNTABILITY FORM

**District Name:** \_\_\_\_\_

**District #:** \_\_\_\_\_

**School Name:** \_\_\_\_\_

**School #:** \_\_\_\_\_

This form provides start-to-finish accountability for the MAP test books assigned to your school.

**School Coordinator:**

1. Complete the table below, providing any additional information on the back as required. Be sure to sign at the bottom of the page.
2. Retain a copy of this form for your own records, along with a photocopy of the security barcode ranges printed on the test book packages.
3. Return the completed form to your District Coordinator.

**District Coordinator:**

4. Fax the forms for all schools in your district to CTB - **Fax # 866-405-4086**. CTB may contact you to clarify any discrepancies on your schools' forms.

TEST BOOKS RECEIVED										
		GR 3	GR 4	GR 5	GR 6	GR 7	GR 8	GR 10	GR 11- CA	GR 11-SCI
(1)	Number of test books listed on packing list	+	+	+	+	+	+	+	+	+
(2)	Test books missing from shipment (Fill out A on back)	-	-	-	-	-	-	-	-	-
(3)	Extra books received in shipment (Fill out B on back)	+	+	+	+	+	+	+	+	+
(4)	Additional books from district office (Fill out C on back)	+	+	+	+	+	+	+	+	+
(5)	<b>Total test books received</b> (Add lines 1, 3 and 4; then subtract line 2)									

TEST BOOKS RETURNED										
		GR 3	GR 4	GR 5	GR 6	GR 7	GR 8	GR 10	GR 11- CA	GR 11-SCI
(6)	Number of tests administered	+	+	+	+	+	+	+	+	+
(7)	Number of unused test books	+	+	+	+	+	+	+	+	+
(8)	<b>Total test books returned (Sum of lines 6 and 7)</b>									

TEST BOOKS NOT RETURNED										
		GR 3	GR 4	GR 5	GR 6	GR 7	GR 8	GR 10	GR 11- CA	GR 11-SCI
(9)	Test books securely destroyed (Fill out D on back)	+	+	+	+	+	+	+	+	+
(10)	Test books unaccounted for (Fill out D on back)	+	+	+	+	+	+	+	+	+
(11)	<b>Total test books not returned (Sum of lines 9 - 10)</b>									

I confirm that Line 5 = Line 8 + Line 11.

Signed by: \_\_\_\_\_

School Test Coordinator \_\_\_\_\_ (Print Name)

